## 

| APPLICATION   |  | TE 05 / :                    |                                 | 🖂  |                         | 🗆   |  |                     |   |
|---|--|------------------------------|---------------------------------|--|-------------------------|---|--|---------------------|---|
| APPLICATION   | FOR CERTIFICA  | IE OF (chec                  | k one)T                         |  | d Registra<br>plates is |   | tle to a Mar                                   | ufacture            | d Home  |
| QUISITION (check<br>Abandonmer<br>form VSA-4              | nt (complete   | Seizure Court (              | Replevin<br>Order Me<br>(co     | Repossessi<br>chanic's Lien/Stor<br>mplete form VSA            | •                       | e must be in y Origin (no pa              | your possess<br>al title cert<br>per title att | •                   | Leased R  |
|   | ICANTS MUST<br>NV MAY REQUE                                |                              |                                 |  |                         |   | CTIONS 2                                       | ,7,8 &              | 9 IF REQUIRED.                                    |
| 1. OWNER INI  | CODMATION I  | f this applica               | ation is for joi                | nt ownership, do<br>er in the event of                         | you wish                | clear rights of                           |  |                     |   |
| OWNER'S NAME (LA  |  |                              | <u> </u>                        | <u> </u>   | tilo dodi.              |   |  |                     | R EMPLOYER ID NO.                                 |
| CO-OWNER'S NAME   | E (LAST, FIRST, MI   | DDLE)                        |                                 |  |                         | SOCI                                      | AL SECURIT                                     | Y NO. O             | R EMPLOYER ID NO.                                 |
| If you change your resid<br>RESIDENCE/HOME A              |  |                              | to a non-Virginia a             | address, your driver's   | license and/o           | pr photo identificati<br>STATE            | on (ID) card m                                 | ay be cand          | eled. ZIP CODE                                    |
| MAILING ADDRESS   | (if different from   | above) OPTI                  | ONAL                            | CITY   |                         | STATE                                     |  |                     | ZIP CODE  |
| CO-OWNER'S ADDR   | RESS (if different f                                       | rom above)                   |                                 | CITY   |                         | STATE                                     |  |                     | ZIP CODE  |
| RESIDENCE JURISD  | ICTION   |                              |                                 |  |                         | Check if you a                            | re an active                                   | membei<br>ate othei | r of Military Service<br>r than Virginia.         |
| LOCATION WHERE  | VEHICLE IS PRINC   | IPALLY GAR                   | AGED                            | СІТ  | YTO\                    | WN COUNTY                                 | / OF   |                     | STATE:  |
| 2. LIEN INFOF   | RMATION  | Is this veh                  | icle secured                    | with a lien?   | YES                     | NO  | If VFS   | compl               | ete this section.                                 |
| DATE OF FIRST LI  |  | LIEN HOLDER                  |                                 | with a none [  |                         |   |  |                     | TRONIC LIEN HOLDE                                 |
| LIEN HOLDER'S MA  | AILING ADDRESS   |                              |                                 |  | CIT                     | Y   | STATE  |                     | ZIP CODE  |
| DATE OF SECOND  | LIEN (MM/DD/YY)  | LIEN HOLDER                  | S'S NAME                        |  |                         |   |  | ELEC                | TRONIC LIEN HOLDE                                 |
| LIEN HOLDER'S MA  | AILING ADDRESS   |                              |                                 |  | CIT                     | Υ   | STATE  |                     | ZIP CODE  |
| 3. SOURCE O   | F OWNERSHI   | P VEHICLE USED               | SOLD TO YOU                     | J AS (CHECK ONE<br>DEMONSTRATOR                                | ): VA DEA               | ALER LICENSE I                            | NO. RENTO                                      | OR NO.              | DATE OF PURCHASE                                  |
| SALE PRICE  | PROCESSI   | NG FEE                       | SALES &                         | USE TAX  | FROM WH                 | OM PURCHASI                               | ED   |                     |   |
| STREET ADDRESS  |  | <u> </u>                     |                                 | CITY   |                         | STA                                       | TE.  |                     | ZIP CODE  |
| 4. VEHICLE IN   | NFORMATION   | MAKE                         |                                 |  | В                       | ODY TYPE                                  |  |                     | MODEL YEAR  |
| PREVIOUS TITLE N  | IUMBER   | <b>d</b> TATE                | VEHICL                          | E IDENTIFICATIO  | N NUMBER                | (VIN)                                     | COLOR _<br>OF<br>VEHICLE                       | PRIMA               | ARY SECONDARY                                     |
| GROSS WEIGHT  | EMPTY WEIGH  | T GVWR                       | GCWR                            | NO. OF AXLES   | FUEL TY                 |   | A LOW SPEE<br>S A LOGGIN                       |                     |   |
| 5. PERSONAL   | PROPERTY 1   | ΓAX RELI                     | EF If you can                   | DOES YOUR VEH<br>answer YES to a                               | ICLE QUA                | LIFY FOR CAR<br>following que:            | TAX RELIE                                      | F?<br>motor v       | ehicle is considered<br>I Property Tax Relie      |
| <ul><li>Is more than 50</li><li>Is more than 50</li></ul> | 0% of the vehicle's 0% of the depreciation vehicle expense | annual mile<br>tion associat | age used as a<br>ed with the ve | business expense<br>chicle deducted as                         | e for fede<br>a busine  | ral income tax<br>ss expense for          | purposes O                                     | R reimbu            | ırsed by an employer                              |
|   | s leased by an ind   | ividual, does<br>Use Bus     | the leasing c<br>siness Use - C | ompany pay the t<br>heck <u>one</u> of the b                   | ax without              | reimbursemer<br>See business u            | use criteria                                   | above.              |   |
| 6. ODOMETER   |  |                              |                                 | require that you s<br>viding a false sta<br>iffect the value o |                         |   |  |                     | ent. An incorrect                                 |
|   | IAT THE ODOMETE<br>er reading is the a                     | ctual mileage                | e of the vehicl                 |  | ige stated              | is in excess                              |  |                     | WLEDGE (check one):<br>nits                       |
|   |  |                              | stual mileage (                 | WARNING Odome  | ter discre              | pancy)                                    |  |                     |   |
|   | Odometer reading   | COMPLE                       | TE ONLY FO                      |  | H TO HAV                |   | YES  | NO th               | YES, please provide                               |
|   |  | T                            | TE ONLY FO                      |  |                         | E VEHICLE<br>D TO LESSEE?<br>LESSEE'S NAM |  | NO th               | YES, please providence information equested below |

| 8. MANUFACT   |  |   | HOME DIMEN   | SIONS LE  | ENGTH:   | FT.  | X WIDTH:  | FT.                                       |  |  |
|---|--|---|--|---|--|--|---|---|--|--|
| COMPLETE IF THIS IS A   | A MANUFACTURED   | HOME  |  |   |  |  |   |   |  |  |
| MANUFACTURED H  | OME ADDRESS  | (required)  |  |   |  |  |   |   |  |  |
|   |  | HICLES ONLY (a vehice units with different  |  |   |  | SSIS MAKE  |   |   |  |  |
| MODEL YEAR  | CHASSIS  | S IDENTIFICATION NU   | MBER   |   | ·  | SEATI  | NG CAPACITY   | (Buses Only)                              |  |  |
| 9. REGISTRAT  | ΓΙΟΝ D   | OTE: If this vehicle's epartment of Transportates cannot be issued  | s length, width<br>tation for a sp<br>d.                 | or height exceeds<br>ecial permit prior                       | s statutory requ<br>to its being m                   | uirements, applications applications applications are supplied to the publications are supplied to the suppli | ant must cont<br>lic highways                       | act the<br>since license                  |  |  |
| CHECK TYPE OF PRIVATE   | REGISTRATION RENTAL                                    | ON FOR WHICH YO   | U ARE APPL'<br>OR HIRE TOW                               |   |  | IERGENCY VEH<br>LICENSE NUM  |   |   |  |  |
| PRIVATE RENTAL FOR HIRE FOR HIRE TOW TRUCK TRANSFER OF LICENSE NUMBER ONE-YEAR OF TWO-YEAR  ANTIQUE: (Check One) BLACK & WHITE ANTIQUE YELLOW   |  |   |  |   |  |  |   |   |  |  |
| PERMANENT  For Permanent Plates – Permanent Plates may be issued to taxis and to trailers and tractor/trucks with a GVWR or GCWR of 26,001 lbs. or more, or 7,501 lbs. or more if used for business or farming, or vehicles operating with Common Carrier or Irregular Route Common Carrier Authority. Trailers pay a one-time fee. All others must pay a 1 or 2 year registration fee. |  |   |  |   |  |  |   |   |  |  |
| PERMANENT TRA   | AILER (check o   | one):  Regular size   | e plate □Sma<br>Plate □ Passei                           | ıll size plate (gr  | oss weight o   | f trailer must   | be 4,000 lb   | s. or less).                              |  |  |
| CHECK TYPE C<br>SCENIC:   |  | QUESTED: REC  | GULAR (Virgir<br>AUTUMN                                  | nia 400th Anniv   | ersary) 🗌 I  | HERITAGE (Dog  | gwood- Card   | inal)                                     |  |  |
| FOR HIRE OP   | ERATIONS:  | You must complete<br>Vehicle Use: Check   |  | you checked FOR   | HIRE or FOR H  | IRE TOW TRUCK  | above.  |   |  |  |
| OPERATING AL  |  | LEASED AUTHORITY  |  | COMMODITY/OPER  |  | INTERSTATE OF<br>(LESS THAN 26,  | 001 LBS.)   |   |  |  |
|   |  | DRITY or LEASED AUT<br>GERS (REGULAR ROUT   |  | all of the followi  |  | -  |   | isea.                                     |  |  |
| NON-PROFIT/TA   | X-EXEMPT CAR   | RIER CONTRACT   | BUS CARRIER  | EMPLOYEE H  | AULER  | BULK PROPERTY  | CARRIER   |   |  |  |
| CONTRACT PAS  | SENGER CARRIE  | R SIGHT-SEEING  | G CARRIER [  | HOUSEHOLD GO  | OODS CARRIER   | TAXICAB  | PROPER  | TY CARRIER                                |  |  |
|   |  | I/WE CERTIFY THE Y A LIABILITY POLICE   | •  | •   | NCE COMPANY  | LICENSED TO D  | O BUSINESS  | IN VIRGINIA                               |  |  |
| AND IT WILL   | REMAIN INSUR   | RED WHILE REGISTERE<br>RED; THEREFORE, I AM   | D  |   |  |  |   | no insurance                              |  |  |
| coverage).<br>A VEHICLE MUST  | BE INSURED W   | <br>/ITH <u>LIABILITY</u> COVE  | RAGE WHEN IT   | IS REGISTERED,  | AND IT MUST I  | REMAIN INSURED   | O WHILE REGI  | STERED,                                   |  |  |
| WHETHER OR NOT  |  | ED, OR THE UNINSUR  | ED MOTOR VEH   | HICLE FEE MUST E  | BE PAID. PENA  | LTIES ARE SEVE   | RE FOR VIOL   | ATION OF                                  |  |  |
| POWER OF  | ATTORNEY   | FOR NON-RESI  | DENT(S) A  | ND CORPORA  | ATION(S) NO  | OT DOMICIL   | ED IN VII   | RGINIA                                    |  |  |
| WEALTH OF VIRGI<br>ARISING FROM TH<br>I/WE AGREE THAT   | NIA, AS MY/OU<br>IE OPERATION A<br>ANY LAWFUL I        | I 46.2-601, I/WE APPO<br>JR LEGAL AGENT UPO<br>AND/OR USE OF ANY<br>PROCESS OR NOTICE                         | N WHOM ALL I<br>MOTOR VEHICL<br>TO ME/US WHI             | LEGAL PROCESS T<br>LE REGISTERED IN<br>CH IS SERVED ON        | O ME/US MAY<br>MY/OUR NAME                           | BE SERVED IN A<br>IN THE COMM  | ANY LEGAL PR<br>ONWEALTH OI                         | ROCEEDING<br>F VIRGINIA.                  |  |  |
| 10. CERTIFICATION/AFFIDAVIT  I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand it is unlawful to knowingly make a false statement and any violation may be prosecuted as a felony as provided in Virginia law.   |  |   |  |   |  |  |   |   |  |  |
| Is this a state- or owned vehicle?  | locally- N   |   | yes, enter age   |   |  | nit having operat  |   |   |  |  |
| SIGNATURE OF APPLICANT  |  |   |  |   |  | ATE /  | / <sub>DD</sub> /                                   | Ϋ́Υ                                       |  |  |
| SIGNATURE OF CO-APPLICANT   |  |   |  |   | DA   | ATE /  | / /   |   |  |  |
|   |  |   | NOTICI   | FS  |  | MM   | DD '  | <u>YY</u>                                 |  |  |
| PRIVACY ACT I   | NOTICE: The i  | nformation, including S   |  |   | d in accordance                                      | with Section 46.2  | -623. ( <u>Code o</u>                               | f Virginia).                              |  |  |
|   |  | nformation, including S<br>he required information<br>ction 46.2-208 through<br>TES ACT: If you ne            |  |   |  |  |   |   |  |  |
| notify a DMV cust   | omer service cen                                       | ter manager so we may   | make arrangem  | ents to accommodate   | te vour needs.                                       |  |   | , 1                                       |  |  |
| braking systems mu<br>and auto repair sho   | ist also be inspec<br>ops. A valid saf                 | ENTS: Motor vehicles<br>ted. A vehicle may b<br>fety inspection sticker i                                     | e inspected at i<br>nust be displaye                     | nspection stations led on the vehicle.                        | icensed by the                                       | State Police, incl   | uding many ser                                      | rvice stations                            |  |  |
| Regular passenger v   | SHADING REC<br>rehicles = front s<br>and pickup trucks | QUIREMENTS: Virgin side windows - 50%; research side windows or questions about whet edical conditions requir | nia's sun-shading<br>rear side and re<br>- 50%: rear sid | requirements for t<br>ar windows - 35%;<br>le and rear window | the minimum pe<br>and windshield<br>s = no limitatio | rcent of light all<br>= no sun-shadii<br>ons, and windshie   | owed are as fo<br>ng allowed.   N<br>ld - no sun-sh | llows:<br>Iulti-purpose<br>ading allowed. |  |  |
| Contact the State P<br>waivers to individu  | olice, if you have<br>als who have me                  |   |  |   |  | equirements. DN<br>ght.  | IV is authorize                                     | ed to issue                               |  |  |
|   |  |   |  | DMV USE O   |  | CLERK STAN   | //D   |   |  |  |
| WITH LIEN Y   | ES NO  | LATE NUMBER   PLATE   | LAPIRA   | TION DATE IF F  | ILLD, REASON:  | - OLLIN STAIN  | •••   |   |  |  |
| SALE PRICE  |  | I .   |  | TRANSFER FEE  |  |  |   |   |  |  |
|   |  | TITLE FEE   |  | TRANSIER TEE  |  | _  |   |   |  |  |
| PROCESSING FEE  |  | TITLE FEE  REGISTRATION FEE   |  | DHCD * (\$10.00)  |  | -  |   |   |  |  |
| PROCESSING FEE  |  |   |  |   |  |  |   |   |  |  |